

DIALOGUES

Hallucinations and the grip on reality

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I would like to approach the topic of hallucinations from a clinical perspective, because it is through a better understanding of the suffering of psychiatric patients that new possibilities of successful treatments can be discovered.

Considering any phenomenon described by patients, psychiatrists are typically concerned with the patient's reaction to it and then of course the psychological-dynamic context in which it arises (Aragona, 2020). The two aspects are intimately related and even out of a psychotherapeutic milieu, the cultivation of insight is helpful: it promotes awareness of the dynamic onset of their suffering and gives them better chances of coping with odd and distressing experiences. Ey suggests that real hallucinations (i.e. representations lived as true external perceptions) only happen in "crepuscular, confusional and delusional states", when "there must be also a mistake" of attribution of a phenomenon to the external space. In this case, our efforts in comprehending the phenomenon must be genetical (in Jaspers' sense): i.e., how did the dynamics of the patient's psyche lead to such crepuscular, confusional and delusional states? Such internal and experienced process is probably much better co-constructed together with the patient. To do this it is necessary that the most acute phase of his symptomatology passed and the patient is more capable of recollecting the internal experiences that led up to the moment of final blackout, i.e. that preceded the crepuscular or confusional state (since they usually do not remember these states after they passed).

When Ey (1934) says that in taking representations for external perceptions the patient makes a "mistake" and calls this mistake already a delusion, it seems he implicitly asserts that this happens in a cognitive way, that is through rational judgments. Rather than through a rational judgment, I believe that normal ability to discriminate between perceptions and representations is based on a pre-reflexive and pre-cognitive natural evidence. Such natural evidence may be partly or completely "out of order" during psychotic episodes, due to the already mentioned crepuscular and confusional states. This possible disruption of the naturally evident character of internal experiences reminds me of what Sass (2014) called "disturbed grip or hold". He defined this disturbance as one of the three aspects of the ipseity-disturbance model of schizophrenia, consisting in an inability in discriminating whether an experience belongs to perception, fantasy or memory realm. As a consequence, instead of trying to "correct" the patient's erroneous beliefs (the "mistakes"), efforts should be made to better understand the conditions of possibility of the natural evidence and then to explore backwards together with the patient the progressive and dynamic temporary "loss" of the natural evidence leading to the experienced altered states of consciousness. Proceeding through this path I am sure that huge progresses can be done in fostering patients' insight and keeping them more anchored to the "shared" world of experience.

Another element of Ey's hypothesis that makes me wonder is this: so far we have been saying (with

Ey) that failure in discriminating representations and perceptions typically happens in certain states of consciousness, namely crepuscular and confused ones. But then, what about patients who report hearing voices when they are visibly out of such altered consciousness states? Are they really hearing external voices? I believe the truly important questions should be “do patients really care about their source after all?”; “Is it relevant for us to know where they hear them in order to better understand the relationship between the patient and such experiences, and the whole clinical picture in which they are found? In an attempt to genetically comprehend the lived experiences of these patients, one of the possible scenarios I imagine is that they may have heard voices outside, as perceptions, at a moment in which they were confused and had a “disturbed grip” of reality, and got concerned with the content of such voices, typically a most distressing and anguishing one. In later and successive episodes of hearing voices, when out

of a crepuscular or confusional state, they might have better discriminated the internal source of the “voices”. However, in that moment it is plausible that they were much more concerned in fighting the voices or giving attention to their content than in discriminating the internal or external source of them. Considering such hypothesis, I ask myself if the naturally evident character of internal experience may be out of reach due to the extremely anguishing nature of some experiences – as the content of “voices” typically is – even after the initial crepuscular or confusional state passed.

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